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Eff. School Based Services
7-1-95

Benefits and Limitations

Special rehabilitation services are evaluative, diagnostic and treatment services to correct any defects or conditions, or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting, and integrating evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care. Special rehabilitation services may be provided under the provisions of the Individuals with Disabilities Education Act (IDEA), and are reimbursable only when included in and after implementation of an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Program) under IDEA. Treatment services must be prescribed or referred by a physician, a licensed Ph.D. psychologist, or an advance practice nurse with prescriptive authority as allowed within their scope of practice.

Controls to prevent duplicate services and assure continuity of care are established by Medicaid where a child receives services from both Medicaid certified School Based Services (SBS) providers and Medicaid Health Maintenance Organizations (HMOs) or fee-for-service providers.

For example, where a child enrolled in a Medicaid HMO receives SBS services, the HMO is responsible for providing and managing medical services. School based medical services are not included in Medicaid's capitated payment to HMOs. Effective with implementation of the new managed care contract, SBS and HMO providers will be required to sign joint Memorandums of Understanding (MOUs), a legal document setting standards, policies and procedures to avoid duplication of services and coordinate care for the child. Where a child served by the Medicaid fee-for-service system receives SBS services, Medicaid requires SBS providers to document regular contacts between schools and community providers (such as physicians and therapists) as appropriate for each child but at least annually; and Medicaid will monitor service coordination and ensure duplicate services are not provided through prior authorization.

Special rehabilitation services include the following:

1. **Speech, Language and Hearing:** These are services for individuals with speech, language and hearing disorders that adversely affect the functioning of the individual. The services are provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician. Services include evaluations and reevaluations to determine an individual's need for these services; recommendations for a course of treatment;

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IEP/IFSP case management; and the following services when identified in the IEP or IFSP: treatment; and medical equipment for use in both the home and school settings, solely for the use of one child, under utilization controls established by Medicaid. The equipment is owned by the recipient.

2. Occupational Therapy: This service is prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). These services are rehabilitative, active, or restorative, and are designed to correct or compensate for a medical problem interfering with age appropriate functional performance. This service means evaluations and reevaluations of problems interfering with an individual's functional performance; recommendations for a course of treatment; IEP/IFSP case management; and the following services when identified in the IEP or IFSP: treatment; and medical equipment for use in both the home and school settings, solely for the use of one child, under utilization controls established by Medicaid. The equipment is owned by the recipient.
3. Physical Therapy: This service is prescribed by a physician and provided to a recipient by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). These services are rehabilitative, active, or restorative, and designed to correct or compensate for a medical problem. This service means evaluations and reevaluations to determine an individual's need for physical therapy; recommendations for a course of treatment; IEP/IFSP case management; and the following services when identified in the IEP or IFSP: treatment; and medical equipment for use in both the home and school settings, solely for the use of one child, under utilization controls established by Medicaid. The equipment is owned by the recipient.
4. Nursing: This service is performed by a Registered Nurse or licensed practical nurse, or is a delegated nursing act under nursing protocols. The services are prescribed or recommended by a physician or advance practice nurse with prescribing authority and are included in the IEP or IFSP. The services are within the scope of professional practice of a Registered Nurse or licensed practical nurse, and includes but is not limited to: screening and referral for health needs; medication management; IEP/IFSP case management; explanations of treatments, therapies, and physical or mental conditions with family or other professional staff; and medical equipment for use in both the home and school settings, solely for the use of one child, under utilization controls established by Medicaid. The equipment is owned by the recipient.

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5. Psychological, Counseling and Social Work: These services mean diagnostic services or active treatments with the intent to reasonably improve the individual's physical or mental condition. These services are performed by a licensed physician or psychiatrist, or licensed or certified school psychologist, school counselor, or school social work staff. These services include but are not limited to: testing and evaluation that apprise cognitive, emotional and social functioning and self concept; recommendations for a course of treatment; IEP/IFSP case management; and therapy and treatment identified in an IEP or IFSP that is planning, managing, and providing a program of psychological, counseling or social work services to individuals with a diagnosis or evaluation of psychological or behavioral problems, and unscheduled activities for the purpose of resolving an immediate crisis situation. Treatment services must be prescribed or referred by a physician or a licensed Ph.D. psychologist, and are included in an IEP or IFSP.
6. Developmental Testing, IDEA Assessment and Reassessment, and Ongoing Monitoring and Coordination of IEP/IFSP Services: These services are performed by Director's of Special Education and/or Pupil Services, and other certified school staff within the scope of their certification. Developmental testing means testing performed to determine if motor, speech, language, hearing, and psychological problems exist, or to detect the presence of any developmental lags. IDEA assessments and reassessments are medical assessments that are evaluations, tests, case management required to develop the IEP or IFSP, and ongoing monitoring and coordination of IEP or IFSP services and related activities performed to determine if an individual is eligible under the provisions of IDEA. These services occur regularly in the determination of eligibility under IDEA and are related to the evaluation of the functioning of the individual. These services are reimbursable only after they result in the implementation of an IEP or IFSP.
7. Transportation: This service includes transportation to and from SBS provider sites for medically necessary services. This transportation includes only transportation for which the SBS provider is fiscally responsible, and includes, but is not limited to, ramp and lift vehicle and standard school bus transportation. This transportation may be provided by a SBS provider, or by a provider under contract to the SBS provider, to individuals who need transportation services. The covered services and transportation must be included in an IEP or IFSP. This benefit is available for transportation to or from the medical service only on the same day that a covered Medical Assistance service is provided, other than transportation services.

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Eff. Mental Health Crisis Intervention Services

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13.d Mental Health Crisis Intervention (MHCI) services are a coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis. "Crisis" means a situation caused by an individual's apparent mental disorder:

- that results in a high level of stress or anxiety for the individual, for the persons providing care for the individual or for the public, and
- that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

An initial assessment and referral to services, if appropriate, either over the telephone or face-to-face is available to any recipient contacting a MHCI provider. Additional crisis linkage, follow-up and stabilization services are available only to recipients determined to be in crisis. Services are described in a response plan or a crisis plan for individuals known to require periodic crisis intervention, and are approved by a psychiatrist or a licensed psychologist. Interventions are designed to relieve the recipient's immediate distress, reduce the risk of escalation, reduce the risk of physical harm to the recipient or others, resolve the crisis and improve individual and family coping skills, coordinate the involvement of other resources needed to respond to the crisis and assist the recipient to make the transition to the least restrictive level of care required. Services may be provided in the office setting, over the telephone, in the home or in the community. Services to individuals residing in a hospital or nursing facility are limited to development of the response plan or crisis plan and those services required to assist the recipient to transition to the least restrictive level of care required, but may not duplicate the hospital's or nursing facility's discharge planning activities. Services may be provided directly to the recipient or to others involved with the recipient when such intervention is required to address the recipient's crisis. Services for individuals receiving Medicaid Community Support Program (CSP) services are allowed when:

- The crisis intervention program has a formal arrangement with the CSP to provide crisis services to CSP enrollees.
- The crisis intervention services are delivered according to a crisis plan developed by the crisis intervention program and the CSP.
- The crisis intervention services do not duplicate CSP services.

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While MHCI services are available in each county, agencies providing Medicaid MHCI services must be certified by the Department's Division of Supportive Living certification standards which include staff qualifications, supervision requirements, service standards and requirements for a coordinated emergency mental health services plan. Services must be available 24 hours a day, 7 days a week.

Services billed and reimbursed as MHCI services may not also be billed and reimbursed as another MA service, such as hospital outpatient services, community support program services, day treatment services, outpatient psychotherapy services or case management services. Room and board costs are not covered under MHCI services. Services that are primarily social or recreational are not covered under MHCI services.

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Eff. Medical Day Treatment - Mental Health Service. Medical day
1-1-93 treatment is a mental health rehabilitation service for recipients who are seriously impaired in basic areas of everyday functioning and for whom less intensive, traditional, outpatient mental health treatment is not adequate to stabilize their condition, attain their best possible functional level, or maintain their residence in the community. This service also is appropriate on a limited basis for individuals in hospitals or nursing facilities who are in transition from an institutional to a community setting. Day treatment services are necessary for the maximum reduction of a recipient's disability and for restoring a recipient to his or her best possible functional level.

Medical day treatment is a compendium of medical, mental health, occupational therapy, and other services. Specific day treatment services include individual and group occupational therapy and psychotherapy, medication management, symptom management, psychosocial rehabilitation services, and nursing services. Medical Assistance pays only for those medically-necessary services in a physician-approved plan of care, provided under the general direction of a physician.

Medical day treatment is provided by day treatment programs certified by the Department of Health and Social Services. Certification requires the following: a registered nurse or occupational therapist is on duty to participate in program planning, implementation, and coordination; the program is directed by an interdisciplinary team; a qualified professional staff person participates in all groups; and periodic evaluation is conducted of each recipient's progress in the program.

Prior authorization is required after a limited number of hours of service have been provided in a calendar year. Any occupational therapy and psychotherapy provided as part of the day treatment program are part of the day treatment benefit, are subject to day treatment limitations, and cannot be separately billed.

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13.d Medical Day Treatment - Mental Health Service. (Continued)

Activities such as recreation, arts and crafts, music, exercise, socializing, and general education that may be part of a recipient's day treatment program, are non-covered services.

Eff. Outpatient Psychotherapy Services. The Medical Assistance Program
1-1-93 covers outpatient psychotherapy services necessary for the maximum reduction of a recipient's disability and for restoring a recipient to his or her best possible functional level. These services are available to recipients when prescribed by a physician prior to beginning treatment.

Evaluations, assessments and testing are provided to all recipients to determine the need for psychotherapy services or to evaluate the appropriateness of the services being provided. Treatment services include individual, group, and family psychotherapy (including such modalities as hypnotherapy and biofeedback) and collateral contacts. Psychiatric medication management may be provided by physicians or registered nurses employed by a certified clinic.

Outpatient psychotherapy services are provided under the direction of a psychiatrist or licensed psychologist who is listed or eligible to be listed in the National Register of Healthcare Providers in Psychology. These services may be performed by either such a psychiatrist or psychologist, or by an individual with a master's degree in social work, counseling, psychology, or a related discipline, who has 3000 hours of post-degree experience providing psychotherapy services and who is supervised by a provider meeting the certification requirements. Masters level providers must work in an outpatient clinic certified by the Department of Health and Social Services.

Prior authorization is required for recipients to receive services beyond an identified dollar or hourly limit in a calendar year. (This threshold also includes outpatient AODA services provided to the same recipient.) Evaluations require prior authorization after reaching an hourly limit in a two year period.

Eff. Mental health services, including services provided by a
10-1-97 psychiatrist, may be provided to an individual who is 21 years of age or older in the individual's home or in the community.

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13.d Outpatient Alcohol and Other Drug Abuse (AODA) Treatment Services.

Eff.

1-1-93 Outpatient AODA treatment services are available to recipients when such services are necessary for the maximum reduction of the recipient's disability and for restoring the recipient to his or her best possible functional level. A physician's prescription is required before starting AODA treatment services.

Outpatient AODA services include evaluations, assessments and diagnostic services to determine the need for AODA services or to evaluate the appropriateness of the services being provided. The outpatient AODA treatment services include individual, group, and family AODA treatment and AODA educational programming specific to medical aspects of AODA diagnosis and treatment.

Medication management may be provided by physicians, or registered nurses employed by a certified clinic. Counseling services include counseling necessary to ensure the best possible level of functioning associated with methadone maintenance. All services are provided under the general direction of a physician.

These services may be performed only by the following providers: a physician; a licensed psychologist who is listed or eligible to be listed in the National Register of Healthcare Providers in Psychology; an individual with a master's degree in social work, counseling or psychology, or a related discipline, who has 3000 hours of post-degree experience providing psychotherapy services supervised by a provider meeting the certification requirements; or an individual certified by the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board as an alcohol and drug counselor II or III. Masters level providers and AODA counselors must work in outpatient clinics certified by the Department of Health and Social Services.

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13.d Outpatient Alcohol and Other Drug Abuse (AODA) Treatment Services.
(Continued)

Prior authorization is required for AODA treatment services after the recipient has received a specified dollar or hourly limit of services in a calendar year. (This threshold also includes outpatient psychotherapy services provided to the same recipient.) Detoxification is not covered in a social (non-hospital) setting.

Eff. 10-1-97 Alcohol and other drug abuse services may be provided to an individual who is 21 years of age or older in the individual's home or in the community.

Eff. 1-1-93 Alcohol and Other Drug Abuse (AODA) Day Treatment. AODA day treatment is available for recipients who are seriously impaired in basic areas of everyday functioning and for whom less intensive, traditional, outpatient treatment is not adequate to stabilize their condition or attain their best possible functional level in the community. AODA day treatment may be appropriate for individuals who have had inpatient hospital detoxification or limited inpatient hospital rehabilitation. These services are necessary for the maximum reduction of the recipient's disability and for restoring the recipient to his or her best possible functional level.

AODA day treatment is a compendium of medical and AODA treatment services, but Medical Assistance pays for only those services which are medically necessary based on a supervising physician or psychologist-approved plan of care and are provided under the general direction of a physician. Medical Assistance-covered services include individual, group, and family therapy and educational programming specific to medical aspects of AODA diagnosis and treatment.

AODA day treatment is provided by day treatment programs certified by the Department of Health and Social Services. Certification requires that the program be directed by an interdisciplinary team; that an individual certified by the Wisconsin Alcoholism and Drug Abuse Counselor Certification Board as an alcohol and drug counselor II or III is on duty all hours in which services are provided; and that recipients are evaluated for their ability to benefit from treatment.

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13.d Alcohol and Other Drug Abuse (AODA) Day Treatment. (Continued)

All AODA day treatment services must be prior authorized except for the initial three hours of assessment. A recipient may not receive outpatient AODA services during the period he or she is receiving AODA day treatment.

Activities such as recreation, arts and crafts, music, exercise, socializing and general education which may be part of the recipient's day treatment program are non-covered services by Medical Assistance.

14. Services for Individuals Age 65 - In Institutions for Mental Diseases.

Eff. Prior authorization and other limitations which otherwise are required for SNF or ICF care apply here. See Item 7-1-87 #4a of this section and HSS 107.09, Wis. Adm. Code.

17. Nurse Midwife Services. Nurse midwife services are subject to limitations within the scope of practice of the nurse midwife. The scope of practice is the overall management of care of a woman in normal childbirth and the provision of prenatal, intrapartal, postpartal and nonsurgical contraceptive methods and care for the mother and the newborn up to one year of age. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Nurse midwife services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.

18. Hospice Care Services. This service is provided according to federal requirements, including amendment by P.L. 101-508 (OBRA '90).

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1-1-91

19. Case Management Services.

Eff.

10-1-97 Case Management is not available to any recipient:

- a. participating in a home and community based (1915(c)) waiver program,
- b. residing in an MA funded institution (e.g., hospital or nursing home), except for discharge-related case management services prior to discharge from an institutional setting,
- c. in excess of one assessment or case plan per calendar year, per county, except when recipients receive prenatal care coordination,